

Special Report

Exhibit 2:

Incident report for 11/22/2019

Spontaneous Incidents/Use of Force: Check List/Closure

1. I am Ernesto Martinez ; Unit Manager
Name Title
2. Today's date and time is: 11/22/2019 16:08
3. My location at the present is: Admin Conference Room
4. The location of the incident was: Facility Property \ Section: F \ Block: FD \ Cell: 105
5. The name(s) and number of inmates(s) is/are:
BROWN, BRANDON LEE 592090
BIVINES, CHRISTOPHER 460264
6. Name(s) and title of staff involved were as follows:
Lysinger, James A Shift Supervisor
Kanard, Taylor Bryant Correctional Counselor
Romine, Joseph Wayne Correctional Officer
Miles, Jesey Milo Correctional Officer
Worsham, David S Case Manager
Mcconnell, Jeremy Ea Sr Correctional Officer
Chalepah, Amber Renee Correctional Officer
7. The circumstances leading to the incident were:
On Friday, November 22, 2019 at approximately 0800 hours, while conducting rounds in Fox Delta Intensive Supervision Unit (ISU), Shift Supervisor James Lysinger observed the back window to Fox Delta cell #105 was obstructed with a towel. Shift Supervisor Lysinger ordered inmate Brown, Brandon #592090 (Date of Birth: [REDACTED] Race: Black, Affiliation: Gangster Disciples) to remove the items from the window. Inmate Brown refused. Shift Supervisor Lysinger ordered inmate Brown and cell partner inmate Bivines, Christopher #460264 (Date of Birth: [REDACTED] Race: Black, Affiliation: NHC 60's) to submit to hand restraints. Inmate Bivines complied, but inmate Brown refused. Shift Supervisor Lysinger ordered inmate Brown, a second time, to submit to hand restraints or oleoresin capsicum would be deployed into the cell. Inmate Brown refused again.
8. Action taken during the incident was:
Shift Supervisor Lysinger deployed two short controlled bursts of oleoresin capsicum, via facility issued Mk-9, through the food port and into the cell. The oleoresin capsicum struck inmate Brown's upper torso. Inmate Brown submitted to hand restraints. A response team was called for, via radio.

Correctional Counselor Taylor Kanard, Correctional Officer Joseph Romine, Correctional Officer Jesey Miles, Case Manager David Worsham, Senior Correctional Officer Jeremy McConnell, and Correctional Officer Amber Chalepah responded in less than two minutes.

Correctional Counselor Kanard video recorded as Correctional Officer Miles and Senior Correctional Officer McConnell escorted inmate Brown from Fox Delta Cell #105 to Satellite Medical for a post use of force evaluation. Licensed Practical Nurse Gloriana Goodwin conducted the medical evaluation of inmate Brown with the following noted on the facility emergency anatomical form: exposure to oleoresin capsicum. After the evaluation, inmate Brown was escorted to Fox Charlie where he refused decontamination and was placed into segregation.

Correctional Officer Chalepah video recorded as Case Manager Worsham and Correctional Officer Romine escorted inmate Bivines from Fox Delta Cell #105 to Satellite Medical for a post use of force evaluation. Licensed Practical Nurse Danay Turner conducted the medical evaluation of inmate Bivines with the following noted on the facility emergency anatomical form: exposure to oleoresin capsicum. After the evaluation, inmate Bivines was escorted back to Fox Delta where he refused decontamination and placed into restricted housing.

Inmate Bivines refused to comment regarding the cause of the incident.

9. Injuries to staff and inmate were: (examinations of staff and inmates must be conducted by medical personnel):

10. Medical staff present are:

Goodwin, Gloriana	Licensed Practical Nurse
Turner, Danay	Licensed Practical Nurse

11. Summary of injuries are:

12. Camera operator is: CC Kanard and CO Chalepah

Name/Title

13. This tape, all incident reports, misconduct reports, or any physical evidence will be secured in the chief of security's office until the next working day when all reports and the tape can be reviewed by the facility/unit head, assistant facility/unit head and chief of security.

Ernesto Martinez, Unit Manager

Name/Title/Position

14. This concludes the Spontaneous Use of Force incident involving inmates(s). Give a summary of the name and DOC number of inmates and time of the Spontaneous Use of Force incident:

Inmate Brown, Brandon #592090 @ 0800 hours.

Inmate Bivines, Christopher #460264 @ 0800 hours.

5-1C

INCIDENT STATEMENT

Facility	Davis Correctional Facility	Incident Number	2019-10-1-245-B
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Incident Date	November 22, 2019	Incident Time (HRS)	0800 Hours
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Person Name	ID Number (Employee #/Inmate #/Civilian ID)	Person Type (Employee/Inmate/Civilian)	Person Role (Witness or Participant)
James Lysinger, Shift Supervisor	1405587	Employee	Participant

Housing Location (For Inmates/Residents Only)	N/A
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Based on your own knowledge, what did you see, hear, and do?


On Friday, November 22, 2019 at approximately 0800 hours, while conducting rounds in Fox Delta ISU unit, I, Shift Supervisor James Lysinger approached Fox Delta Cell #105 which houses inmate Bivines, Christopher #460264 and inmate Brown, Brandon #592090 I observed that the back window of the cell was obstructed and a towel was hanging from the bottom bunk as a curtain. I, Shift supervisor Lysinger ordered inmate Brown and inmate Bivines to remove the items from the window and the bunk. Inmate Bivines complied and removed the item from the back window. Inmate Brown refused and stated "stop fucking with me, I ain't removing shit". I then ordered inmate Brown and inmate Bivines to submit to hand restraints. Inmate Bivines complied, but inmate Brown refused. I then ordered inmate Brown a second time to submit to hand restraints or OC would be deployed into the cell. Inmate Brown refused again and approached the cell and became verbally and physically aggressive. I then deployed two (2) short controlled bursts of OC into the cell striking inmate Brown in the upper torso in order to gain compliance. Inmate Brown then submitted to hand restraints. Both inmates were removed from the cell and escorted to Satellite Medical for a post use of force medical evaluation. No injuries were noted to their anatomical forms.

Inmate Bivines was not part of the incident and was returned to Fox Delta. Inmate Brown received two (2) offense reports, (A-22) Disobedience to Orders, (X-23) Resisting Apprehension and was escorted to segregation where he was placed on property restrictions.

I received a post use of force evaluation with no injuries noted to my anatomical form.

Did you receive any injuries? YES or NO (If YES, Explain Below)	No
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Were you evaluated by medical? YES or NO	No YES
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Printed Name:	James Lysinger, Shift Supervisor	Date:	November 22, 2019
Signature:		Date:	
Typed By:		Date:	

This section to be completed by CCA staff if the civilian/other or inmate/resident refused to complete the 5-1C.

Place an "X" in the appropriate box:

<input type="checkbox"/>	Inmate/Resident refused to complete this 5-1C
<input type="checkbox"/>	Civilian/Other refused to complete this 5-1C

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

Employee/Witness Printed Name		Date:	
Employee/Witness Signature			

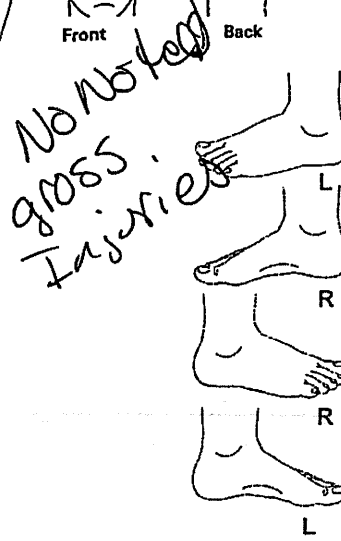
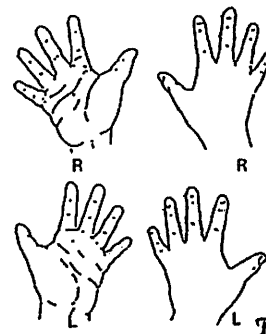
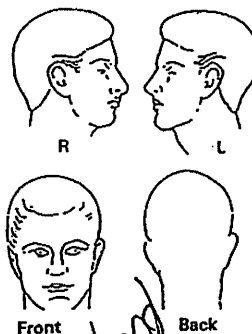
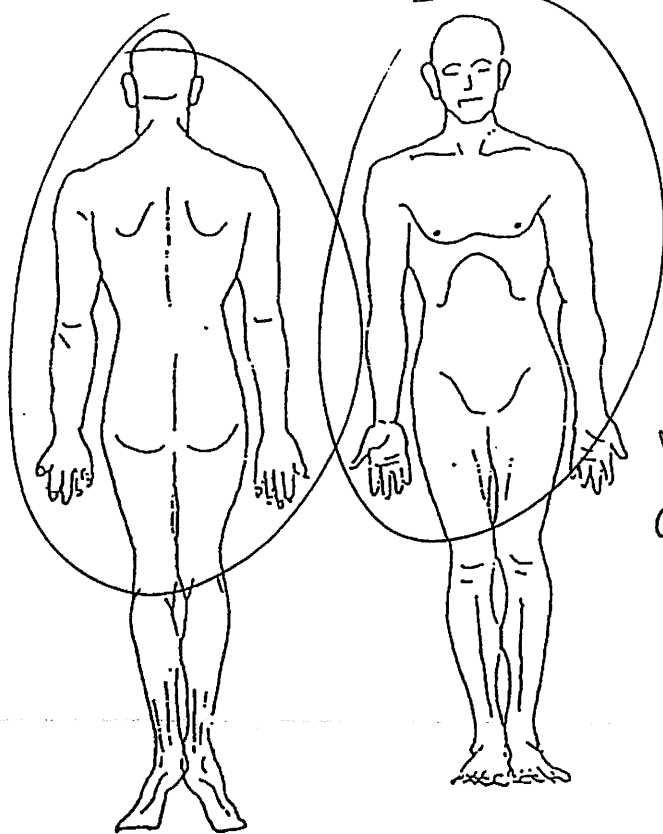
368



Brown



Facility Emergency Anatomical Form



No noted
gross
injuries

T 98.5
P 97
R 19
BP 149/111
O2 100%

☒ Inmate/Resident ☐ Employee
 Facility Name: ME Date: 11-22-19 Time: 0830
 Name: (Last, First) Brown, Brandon Agency # / Employee #: 592090
 Age: 34 Race: B Sex: ☒ male ☐ female Time Notified: 0830 Time Seen: 0830
 Place of Occurrence: ED 105 Date/Time of Occurrence: 11-22-19 @ 0800
 Reason for Report: ☐ injury ☐ on the job injury ☒ use of force ☐ pre-seg admission ☐ other: _____
 Mode of Arrival? ☐ wheelchair ☒ ambulatory ☐ on-site ☐ escorted by _____

Injuries Found? ☐ Yes ☒ No - If yes, use the appropriate code number on the figures above

Abrasions/Scratch	1	Fresh Tattoo	7	Reddened Area	13	Other, list below	
Active Bleeding	2	Cut/Laceration/Slash	8	Skin Flap	14	OC Spray	17
Bruise/Discoloration	3	Chemical Spray Area	9	Swollen Area	15		18
Burn	4	Pain	10	Open Fracture	16		19
Deformity	5	Protrusion	11				
Dried Blood	6	Puncture	12				

RN Notified: _____
 Time: P/A
 LIP Notified: _____
 Time: _____
 Form Completed By/Title: _____
 Print/Sign G. Goodwin

Chemical Spray Exposure? ☒ Yes ☐ No Decontaminated? ☒ Yes ☐ No Self-decontamination instructions given? ☒ Yes ☐ No
 Refused Decontamination? ☐ Yes ☒ No Placed on every 15 minute respiratory checks? ☐ Yes ☒ No
 Brief Statement in subject's words of the circumstances of the occurrence: Refused to state what happened

Comments: _____

Disposition: To Seg Time: 0832